Please refer to the Instructions

Filing Notification before completing this form. The information requested here is required by law (Section 3010



Regulated Waste

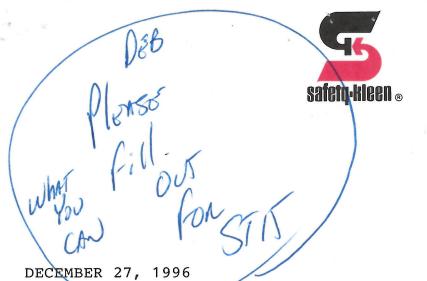
(For Official Use Only)

of the Resource Conservation	A	Inited States Environmental Protection Agents
Lastelletien's ERA'ID Num	her (Ma	ark 'X' in the appropriate box)

	1. THE THE TOTAL PROPERTY OF THE STREET OF THE STREET, THE STREET OF THE STREET, THE STREET OF THE STREET, THE STREET,
Installation's EPA ID Number (Mark 'X' in the appropriate box)	C. Installation's EPA ID Number
B. Subsequent Notification	000029119119
The state of the s	
I. Name of Installation (Include company and specific site name)	C Productio of the field
VTC AUTO CENTERS 1719	
4 42 25 Payer 11 12 15 Payer 12	B. subsequent Notification (complete item C)
Street	
Street (continued)	
Silect (Goldanies, 12)	
City or Town Sta	te ZIP Code
a = w Y a R K C I T Y	14/10019
County Code County Name	
County Code County Name	
IV. Installation Mailing Address (See instructions)	
and the second s	
Street or P.O. Box	
City or Town St	ate ZIP Code
City or Town	44 10019-
/// / / / / / / / / / / / / / / / / /	site)
Hiret)	
Name (last) (first)	
Phone Numb	per (area code and number)
Job Title Phone Numb	- 582-2525
SITORE MIRIORIS	a.
VI. Installation Contact Address (See instructions)	
	4 6 12
823 // // // // // // // // // // // // //	Tomiskill
City or Town	AV / a o / 9 -
NEW YORK CITY	1971/00/7/
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	
Robert LICO	
Street, P.O. Box, or Route Number	
690 ORINOCO DK	
City or Town	State ZIP Code
ROUSHORE	MY / / / / 0 6 -
11/19 9 110 20	(Data Changed)
Phone Number (area code and number)	ype D. Change of Owner ——— (Date Changed) ————————————————————————————————————

ease print or type with ELITE type (12 characte	rs per inch) in the unshaded areas on	ID - For Official Use Only
÷ 4	A 10000	
III. Type of Regulated Waste Activity (Mark	X' in the appropriate boxes; Refer to	instructions)
A. Hazardous Was	B. Used Oil Recycling Activities	
1. Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to But b. Other Marketers c. Boiler and/or Industrial Fundicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Control	b. Marketer Who First Claims the Oil Meets the Specifications 2. Used Oil Burner - Indicate Type Combustion Device(s) a. Utility Boiler b. Industrial Boiler c. Industrial Furnace Used Oil Transporter - Indicate of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner Type(s) of Activity(ies)
	J. Officerground injustion Committee	b. Re-refine
IX. Description of Hazardous Wastes (Use a		
A. Characteristics of Nonlisted Hazardous Wa hazardous wastes your installation handles	stes. (Mark 'X' in the boxes correspo s; See 40 CFR Parts 261.20 - 261.24)	nding to the characteristics of nonlisted
1. Ignitable 2. Corrosive 3. Reactive 4. 1 (D001) (D002) (D003) C		
1 2 1 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4 9 10	5 6 1 11 12
C. Other Wastes. (State or other wastes requ	iring a handler to have an I.D. numbe	er, See instructions.)
1 2	3 4	5 6
	the statement of the st	entien von en
I certification I certify under penalty of law that this document and assure that qualified personnel property gather and those persons directly responsible for gathering the I am aware that there are significant penalties for significant penalties.	evaluate the information submitted is to the	lirection or supervision in accordance with a system is my inquiry of the person or persons who manage the best of my knowledge and belief true, accurate.
Signature ORIGINAL	Name and Official Title (Type of	ngint) Date Signed
A famantea	D. LAMANTEN, VP	2-1-97
XI. Comments		
·	• • • • • • • • • • • • • • • • • • •	ZAR PR
		B SEC
Note: Mail completed form to the appropriate		50
	to EDA Regional or State Office (See	Section III of the hooklet for addresses.)

GSA No. 024



U.S. EPA AGENCY RO II 97 FEB 21 AM II: 28 MAZARDOUS & SOLUTION PROGRAMS BRANCH

> RE MANHATTAN Sport to MYRAN 3.530m Mysan 1/23/97 Mysan Mysan

DEAR GENERATOR(S):

RE: UPDATED NAME ON EPA ID APPLICATION

PLEASE NOTE THAT THE EPA ID # YOU'RE USING AT THE PRESENT TIME WAS ORIGINALLY ASSIGNED TO A DIFFERENT COMPANY'S NAME AT THE SAME SITE YOU ARE NOW LOCATED.

PLEASE BE AWARE THAT THE ID # STAYS WITH THE ORIGINAL SITE ADDRESS, BUT YOU'LL HAVE TO UPDATE THE FEDERAL FILES TO SHOW YOUR COMPLETE NAME, SUB-ADDRESS (IF ANY) AND PHONE NUMBER. FILLED OUT SECTION B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C), THEN THE FORM SHOULD BE SIGNED, DATED AND MAIL TO THE: US EPA, 290 BROADWAY, NEW YORK, NEW YORK 10007, ATTENTION: JACK HOYT

WE THANK YOU IN ADVANCE FOR YOUR COOPERATION.

MYRIAM VALDES FRS SECRETARY

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